



INITIAL LICENSURE REQUIREMENTS SHEET FOR FOSTER FAMILY HOMES

State Form 53153 (6-07) / CW 2310

DEPARTMENT OF CHILD SERVICES

Name of applicant A		Name of applicant B	
Signature of licensing staff	Agency (county or LCPA)	Resource number	

SUPERVISOR INITIALS	INITIAL LICENSURE REQUIREMENTS	APPLICANT A DATE RECEIVED (month, day, year)	APPLICANT B DATE RECEIVED (month, day, year)	DATE ENTERED IN ICWIS (month, day, year)
Application				
	1. SF 10100 / CW 0317, Application for Foster Family Home License			
Initial Home Study				
	1. On-site Home Visit			
	2. SF 53186 / CW 3417, Foster Family Home Physical Environment Checklist			
	3. Water Analysis Approval OR Statement of City Water			
	4. Written Home Study			
	5. SF 47344 / CW 0015, Substitute Care Agreement			
	6. SF 53214 / CW 3519, Licensing Staff Inquiry Regarding Foster Family Home			
	7. SF 53184 / CW 3415, Foster Care / Adoption Information, (Financial Profile section only)			
Training				
	1. Pre-service training completion			
	2. Pre-service training feedback			
	3. CPR course certification			
	4. First Aid course certification			
	5. Universal Precautions course certification			
Criminal History Background Checks (for all household members, employees, and volunteers)				
	1. SF 46151 / CW 0025, Applicant's Statement of Attestation			
	2. SF 53259 / CW 3610, Application for Criminal History Background Check			
	3. Results of Indiana State Limited Criminal History Information (14 - 17) (including Indiana State Juvenile History)			
	4. Results of City Police Department check (14+)			
	5. Results of County Sheriff's Department check (14+)			
	6. Report of Sex and Violent Offender Registry (14+)			
	7. Results of CPS check for EVERYONE in household, regardless of age			
Medical Information				
	1. SF 45145 / CW 0039, Medical Report For Primary Caregivers			
	2. SF 45144 / CW 0038, Medical Report For Household Members			
Initial Documentation				
	1. Reference letters (4)			
	2. Adoptive / Foster Family Inventory			
	3. SF 53184 / CW 3415, Foster Care / Adoption Information			
	4. SF 53185 / CW 3416, Paving The Way To A Decision			
	5. Family Network Diagram			
	6. SF 53199 / CW 3517, Child Behavioral / Health Challenges Checklist			
	7. Child care plan			
	8. Identification, marriage and divorce verification			

Date all requirements for initial licensure are met (month, day, year)

Reason for return

Signature of supervisor

Date (month, day, year)

Signature of director or designee

Date (month, day, year)